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MWR Hosts 9/11 Freedom 5K Race at NSAB

By Mass Communication Specialist 2nd Class (SW/AW/IDW)

Ashanté N. Hammons
NSAB Public Affairs staff writer

Thirteen years ago, on Sept. 11, 2001, our nation suffered a major terrorist attack on American soil. Instead of this act dividing a nation, it brought America closer together. To continue to support one another on the anniversary of this memorable event, and for the second year in a row, Naval Support Activity Bethesda (NSAB) Morale, Welfare, and Recreation (MWR) held a 9/11 Freedom 5K run.

"The Freedom 5K Race's primary purpose is for remembrance of those who perished during the 9/11 attacks," said

Jerry Cataldo, MWR Fitness Center Director at NSAB. "As a 20-year military veteran, retiring from the Air Force in 2006, I knew that our role in the war on terrorism changed drastically and that it now was more personal because we were attacked in our own backyard. After the 9/11 attacks, I deployed four times before retiring."

MWR opened the Freedom Race to NSAB and its tenant commands, including family members, friends, service members and veterans who came out to participate and to support the wounded, ill and injured warriors as well as remember those who have gone before us. According to Cataldo, the race exemplified adaptability and

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Photo by Mass Communication Specialist 2nd Class (SW/AW/IDW) Ashanté N. Hammons

Participants follow the mapped course for NSAB MWR's 9/11 Freedom 5K Race. According to Jerry Cataldo, MWR Fitness Center director, more than 250 people participated in this year's race.

When Disaster Strikes, Be Prepared — Have a Kit!

Compiled from www.fema.gov website

As part of National Preparedness Month, Naval Support Activity Bethesda (NSAB) officials are encouraging individuals to assemble a disaster supplies kit for their households in the event of an emergency.

When a disaster occurs, there may be a need to vacate at a moment's notice and take necessities with you. There may not be time to look for goods or shop for them. You and your family's chances of survival after an emergency are improved if you have enough food, water and other materials to last for 72 hours. Local officials and relief workers will be on the scene after a disaster, but they cannot reach everyone immediately. Help could come in hours, or it might take days. Utilities such as electricity, gas, water, sew-

age treatment and telephones may be cut off for days or even a week — or longer. Your supplies kit should have items to help you manage during these outages.

The following items are recommended for a basic emergency supply kit: one gallon of water per person per day for at least three days; at least a three-day supply of non-perishable food; battery-powered or hand crank radio and a National Oceanic and Atmospheric Administration (NOAA) Weather Radio, (which is tuned to the NOAA Weather network, providing voice broadcasts of local and coastal marine forecasts on a continuous cycle) with tone alert and extra batteries for both; flashlight and extra batteries; first aid kit; whistle to signal for help; dust mask to help filter contaminated air and plastic sheeting and duct tape to shel-

ter-in-place; moist towelettes; garbage bags and plastic ties for personal sanitation; wrench or pliers to turn off utilities; manual can opener for food; local maps; cell phone with chargers; and an inverter or solar charger.

Once you have gathered the supplies for a basic emergency kit, you may want to consider adding the following items: prescription medications and glasses; infant formula and diapers; pet food and extra water for your pet; cash or traveler's checks and change; and important family documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container. You can use the Emergency Financial First Aid Kit at <http://www.fema.gov/media-library/assets/documents/29791?id=6693> developed by Operation Hope, FEMA and Citizen Corps to help

you organize your information. Other helpful items include: emergency reference material such as a first aid book; sleeping bag or warm blanket for each person; complete change of clothing including a long sleeved shirt, long pants and sturdy shoes (consider additional bedding and clothing if you live in a cold-weather climate); household chlorine bleach (when diluted, nine parts water to one part bleach can be used as a disinfectant); fire extinguisher; matches in a waterproof container; feminine supplies and personal hygiene items; paper cups, plates, paper towels and plastic utensils; and paper and pencil, books, games, puzzles or other activities for children.

"An emergency kit or a 'go-kit' would include everything your family may need in an emergency. Think about what may be of short supply in certain situ-

ations, such as water, medications and flashlights," explained Caitlin Mullins, NSAB Fleet and Family Support Center life skills instructor. "If you have pets then you may include items for their survival as well. In the event of an evacuation, these kits are ready and accessible for the family to take with them in a hurry. We suggest you put special items that your family may need or prefer if they were in a shelter for some time. You can build your own personalized kit to the specific needs of your family."

Just as important as putting your supplies together is maintaining them so they are safe to use when needed. Here are some tips to keep your supplies ready and in good condition: keep canned food in a cool, dry place; store boxed food in

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Washington Navy Yard Remembers Shooting One Year Later

From Naval Sea Systems Command Office of Corporate Communication

It was a day no one who worked on the Washington Navy Yard will ever forget. Shortly after 8:00 a.m., on Sept. 16, 2013, Navy contractor Aaron Alexis entered the Naval Sea Systems Command (NAVSEA) headquarters building and killed 12 people while wounding four more — including two police officers.

A year later, though much of the NAVSEA workforce is still displaced and many struggle to make sense of the tragic events, Washington Navy Yard employees met to remember the lives of co-workers, friends and loved ones during a short, 8 a.m. ceremony on the base.

Attended by more than 2,000 Navy Yard employees, the purposely low-key ceremony featured remarks from both Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. Jonathan Greenert.

“We know now that, although we have healed, our Navy and Marine Corps family will never feel completely whole ... that even though we remind ourselves it is impossible, we will never quit thinking, if only for an instant, that those we lost will come to work again and that it will be as if nothing has happened,” said Mabus. “But in the midst of these hard, awful truths, we also know that bright, wonderful memories will be with us and sustain us always. We know that their lives are defined, not for how they died, but for how they lived and will be remembered always.”

Though the event was designed to memorialize the tragedy, each of the

speakers highlighted how much the command has achieved in the wake of the shooting. NAVSEA, responsible for designing, building and maintaining the Navy fleet, was able to almost immediately reconstitute the majority of its workforce in satellite offices around the metro area — many were back to work the day after the shooting. In the immediate aftermath of the shooting, the command awarded \$1.6 billion worth of contracts, delivered a littoral combat ship, christened a submarine and aircraft carrier, and provided oversight to all of the Navy’s new ship construction and maintenance programs.

“As we come together during events like this, we remember our lost shipmates and their families. We also rededicate ourselves to our mission, a mission they fully supported, and do our best for our nation,” said Vice Adm. Willy Hilarides, NAVSEA Commander. “We mark today as a day of remembrance and a day of inspiration. Remember the shipmates we lost, they’re with us every day as we continue to move forward.”

The command continues to conduct its mission despite being displaced from its headquarters. The building — now officially renamed the Joshua Humphreys Building in honor of the Navy’s first naval architect — is undergoing a 16-month, \$44 million renovation designed to repair damage and give returning employees a new sense of place. The renovation will also allow the Navy to incorporate an area memorializing the fallen. Employees will begin returning to the building in February.

For more on the WNY anniversary, visit <http://www.navy.mil/local/wnym/index.asp>

Bethesda Notebook

Suicide Prevention Walk

Resiliency and Psychological Health Service’s Annual Walk for Suicide Prevention is Monday, Sept. 29 at noon beginning at the Healing Plaza in front of the America Building. For more information, call 301-400-1974.

Army Nurse Corps Assignments Branch Visit

There will be an Army Nurse Corps Assignments Branch Visit from Sept. 22-23. Branch brief for junior officers will be Sept. 22 from 8:30 to 10:30 a.m. in Clark Auditorium in Building 10. Branch brief for senior officers will be Sept. 23 from 8:30 to 10:30 p.m. in Clark Auditorium. There will be opportunities to meet with the nursing assignment officer for officers in the permanent change of station window. Officers can see their leadership for scheduling.

Healing Arts Exhibit

The opening of the Healing Arts Exhibit presented by Oncology Services of the Murtha Cancer Center and Creative Arts Program of Walter Reed National Military Medical Center will be Oct. 16 from 3 to 7 p.m. in the pavilion between the America Garage and Building 19. Artwork submissions will be accepted until Oct. 3. For more information about submissions, contact Seema Reza at 301-319-2858, or at seema.b.reza.ctr@mail.mil, or Capt. Moira G. McGuire at 301-319-8755 or at moira.g.mcguire.mil@mail.mil.

Birth Month training

Birth month training for Army, Navy and civilian personnel at Walter Reed Bethesda is held every second and fourth Thursday of each month in Clark Auditorium beginning at 8 a.m. Training sessions include personal finance and stress management; EO and grievance procedures; hazing policy and prevention; fraternization awareness and prevention; sexual harassment and grievance procedures; suicide awareness and prevention; threat awareness and counterintelligence; and drug and alcohol prevention education.

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NSAB Resources Support National Suicide Prevention Month

By Julie Smith
NSAB Public Affairs
staff writer

September is National Suicide Prevention Month, and while definitive data summarizing the rate of suicides among active duty service members has not been released by the Department of Defense (DOD) since 2012, preliminary information suggests suicides are down across the military, said Caitlin Mullins, Naval Support Activity Bethesda (NSAB) Fleet and Family Support Center (FFSC) life skills instructor.

Mullins and FFSC Clinical Case Manager Amelia Goodyear provide direct services and support aboard NSAB regarding suicide prevention and awareness, an issue that both are working to normalize.

"Thoughts of suicide are extremely common. Many people, not just military, will experience thoughts of suicide at some point in their lives," Goodyear said. "That doesn't necessarily mean that there will be an action toward dying from suicide, but there's such a significant taboo around suicide that we have to be comfortable talking about it. Helping people have a conversation about suicide can be productive."

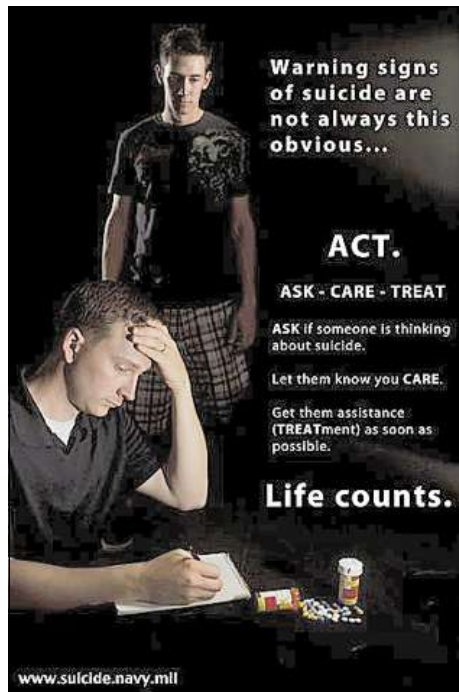
Through a two-day interactive, practice-oriented workshop called Applied Suicide Intervention Skills Training (ASIST), developed by suicide intervention training company LivingWorks, Goodyear teaches specific skills to help identify at-risk individuals, recognize invitations for help, apply safe intervention techniques and link people with command and community resources. The class is taught at the FFSC and anyone with base access can attend.

Goodyear explained the class is especially beneficial to non-medical caregivers, such as family members who are at NSAB with wounded warriors.

"Because we have a large wounded warrior population, we have a lot of people on this base who are struggling with other mental health diagnoses which are also associated with risk for suicide," Goodyear added. "PTSD (Post-Traumatic Stress Disorder), TBI (Traumatic Brain Injury) and serious bodily injury are all types of combat trauma that can also elevate risk."

Other suicide risk factors include personal relationship struggles, issues at work, legal or discipline problems and physical health difficulties, Mullins stated. In response to those problems, individuals may exhibit signs that they are thinking of suicide, she said.

"Look for out-of-the-ordinary substance abuse and use, feelings of hopelessness, anxiety or anger, people who withdraw from friends, family or their usual activities or reckless behavior or mood changes," Mullins continued. "Certainly, if somebody actually tells you they are thinking about suicide



U.S. Navy photo/illustration

and they have an idea of how they would do it, that's crucial."

Mullins said asking someone if they are thinking of suicide might be awkward, but individuals need to ask directly and without judgment.

"Then you have to be ready for a 'yes.' We all have the responsibility to know and find resources to get a person the help they need," Mullins said. "Give them the options on which resource they'd be more comfortable with. And then stay with them."

Goodyear stressed the importance of language when helping someone who has thoughts of suicide. It's important to validate what a person is feeling, she said, and gently discover what has kept that person alive so far.

"Jumping in and saying 'you have so much to live for,' while very well-intentioned, is basically telling someone that there is something broken about them that they aren't able to connect with the positive things in their life. That can make them feel even worse," Goodyear explained.

Mullins added that talking about suicide doesn't have to be a career-ender, and Goodyear suggested that thoughts of suicide don't mean someone is unstable or dangerous.

"The more the military recognizes and supports suicide awareness and prevention, the fewer stigmas there will be in coming forward. The attitude around suicide is shifting, and that's a great starting point," Goodyear said. "That's really the idea behind ASIST. If we can build communities that are aware of suicide and have a comfort level in talking about it, then together we can reduce the risk for suicide."

To learn more about ASIST, contact Goodyear at 301-400-2408 or amelia.goodyear@med.navy.mil. For more information about suicide awareness and prevention resources, email caitlin.mullins@med.navy.mil.



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Military Medicine Leaders Praise, Promote Bono During Ceremony

By Bernard S. Little
WRNMMC Public
Affairs staff writer

During a ceremony at Naval Support Activity Bethesda's (NSAB) USO Warrior and Family Center on Sept. 15, Rear Adm. Raquel Bono was promoted to rear admiral upper half by military medicine's top leadership.

Bono is director of the Defense Health Agency's (DHA) National Capital Region Medical Directorate (NCR-MD) and the 11th chief of the Navy Medical Corps. She assumed command of the NCR-MD's predecessor, the Joint Task Force National Capital Region Medical (JTF CapMed) in July 2013. Prior to that, she was the command surgeon, U.S. Pacific Command, Camp H.M. Smith, Hawaii. She was also deputy director, Medical Resources, Plans and Policy, Chief of Naval Operations.

The 37th U.S. Navy Surgeon General, Vice Adm. Matthew L. Nathan during

the ceremony called Bono "a role model" for others to emulate. Bono has been recognized as one of the 100 Most Influential Filipina American Women in the United States, and she and her brother made history in the U.S. Navy two years ago when they became the first siblings of Filipino descent to hold flag-officer ranks simultaneously.

Nathan also called Bono "a major shaker and mover" who has been "highly regarded wherever she's gone." He added she has accomplished all that she has "with grace and professionalism," while acknowledging the contributions of her family, saying, "This amazing woman did not get there by herself."

Bono also paid tribute to her family, explaining they inspired her career path. Her grandfather was an obstetrician in the Philippines who served in the U.S. Army as a colonel during World War II, and her father also served in the Navy and retired as a captain.

Bono's brother, retired Rear Adm. A.B. Cruz III, said of his father and sister, "Dad set the bar and she raised that bar."

Before promoting Bono to her new rank during the ceremony, Air Force Lt. Gen. Douglas J. Robb, DHA director, called Bono's family, as well as, Army Brig. Gen. (Dr.) Jeffrey B. Clark, WRNMMC director, and Fort Belvoir Community Hospital (FBCH) director Navy Capt. Jennifer Vedral-Baron, to the front of the room to participate in the ceremony.

In recognizing the diversity and integration of military medicine, Robb has stated, "This is not what the future of military medicine will look like; this is today's picture of military medicine."

As a subordinate command of the DHA, Bono leads the NCR-MD, one of six enhanced multi-service markets (eMSMs) with authority, direction and control over WRNMMC, FBCH and the Joint Pathology Center. The NCR-MD also

has enhanced multi-service market authorities over Naval Health Clinic Quantico and its subordinate Washington Navy Yard Branch Health Clinic; Naval Health Clinic Annapolis; Kimbrough Ambulatory Care Center and its subordinate Andrew Rader Army Health Clinic; Fort McNair Army Health Clinic; and Malcolm Grow Medical Clinic and Surgery Center (779th Medical Group) and its subordinate Pentagon Flight Clinic; Bolling Clinic (579th Medical Group); and the Pentagon DiLorenzo Health Clinic.

During her town halls at WRNMMC, Bono has said her goal for the NCR-MD is for it to "lead the way in patient safety and quality management, and design the market so that each patient has access to care in the market, regardless of enrollment site."

With approximately 500,000 eligible beneficiaries, the NCR-MD is DHA's largest eMSM. Bono has

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Photo by Bernard S. Little

Air Force Lt. Gen. Douglas J. Robb, director of the Defense Health Agency, administers the officer oath to Rear Adm. Raquel C. Bono during her promotion to rear admiral upper half at a Sept. 15 ceremony on Naval Support Activity Bethesda.

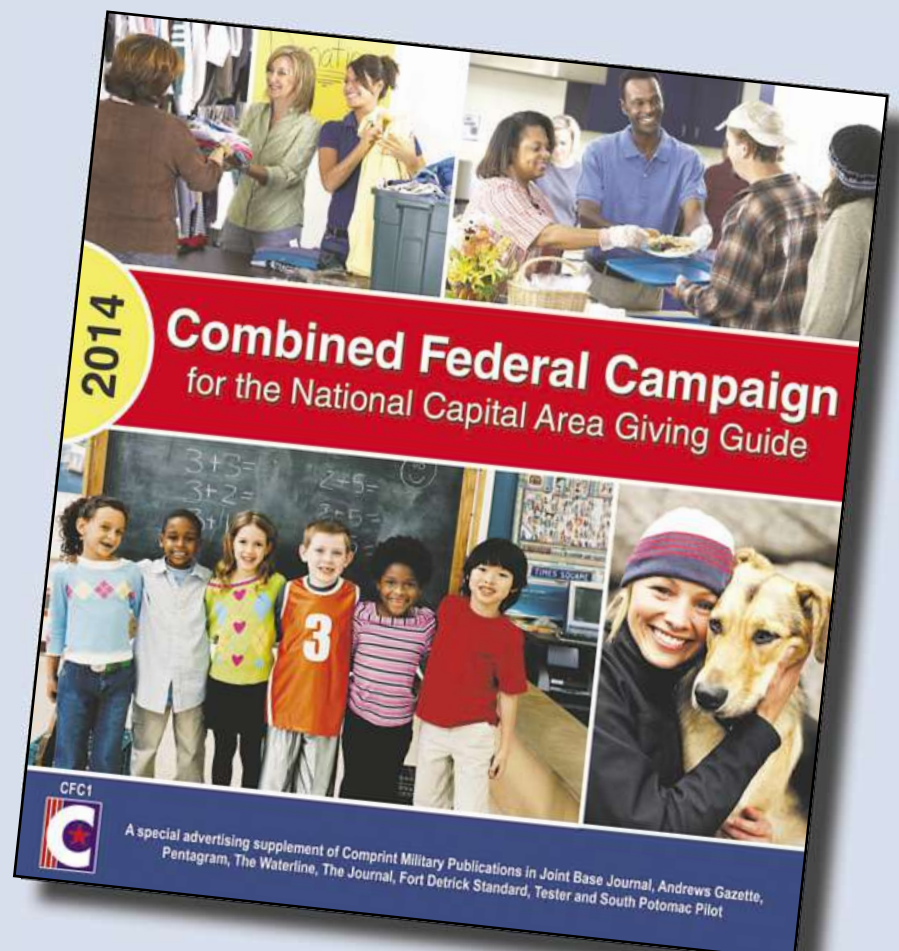
The Combined Federal Campaign is Underway!

This special guide highlights local non-profit organizations that need your support through donations to help those in need.

Look for the special pullout guide in this week's paper or visit

[**DCMilitary.com/CFC**](http://DCMilitary.com/CFC) for a full list of participating charities and the **e-Edition** of this year's guide.

Please support their efforts and donate today!



DISASTER

Continued from pg. 1

tightly closed plastic or metal containers to protect from pests and to extend its shelf life; throw out any canned good that becomes swollen, dented or corroded; use foods before they go bad and replace them with fresh supplies; place new items at the back of the storage area and older ones in the front; change stored food and water supplies every six months; be sure to write the "stored on" date on all containers; update your kit as your family's needs change; put the entire disaster supplies kit in one or two easy-to-carry containers, such as an unused trashcan, camping backpack or duffel bag.

At home, since you do not know where you will be when an emergency occurs, prepare supplies for home, work and vehicles. Keep the kit in a designated place and have it ready in case you have to leave your home quickly. Make sure all family members know where the kit is kept. Additionally, you may want to consider having supplies for sheltering for up to two weeks.

At work, you need to be prepared to shelter at work for at least 24 hours. Make sure you have food and water and other necessities like medicines in your kit. Have comfortable walking shoes at your workplace in case an evacuation requires walking long distances. Your work kit should also be in one container and ready to "grab and go" in case you are

evacuated from your workplace.



In your vehicle, in case you are stranded, keep a kit of emergency supplies in your car. This kit should include: jumper cables; flashlights and extra batteries; first aid kit and necessary medications in case you are away from home for a prolonged time; food items containing protein such as nuts and energy bars; canned fruit and a portable can opener; water for each person and pet in your car; AM/FM radio to listen to traffic reports and emergency messages; cat litter or sand for better tire traction; shovel; ice scraper; warm clothes, gloves, hat, sturdy boots, jacket and an extra change of clothes, blankets or sleeping bags.

Also consider a fully-charged cell phone and phone charger, flares or reflective triangle, and baby formula and diapers if you have an infant. Be prepared for an emergency by keeping your gas tank full and if you find yourself stranded, be safe and stay in your car, put on your flashers, call for help and wait until it arrives.

"Obviously, the more prepared a family is the better they will adapt and deal with the stress of the situation; this is a wonderful advantage in an emergency or disaster," Mullins added.

For more information about preparing a disaster supplies kit, contact NSAB Deputy Emergency Manager Les Hiatt at 301-319-2554 or lester.hiatt@med.navy.mil or got to fema.gov. You can also obtain useful resources at an information table that will be set up at Building 19 on Monday, Sept. 22 from 10 a.m. until 1 p.m. in Building 19.



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'Our Generation's Day of Infamy'

Walter Reed Bethesda Remembers 9/11 Victims, Tragedies

By Bernard S. Little
WRNMMC Public Affairs staff writer

A large bell was rung, prayers said and tears shed during a solemn ceremony at Walter Reed Bethesda on Sept. 11 as the community gathered to remember the victims and the tragic events of 9/11.

The early-morning ceremony took place in front of the iconic Walter Reed National Military Medical Center (WRNMMC) Tower on Naval Support Activity Bethesda following the raising of the American flag for morning colors beneath an overcast sky.

As a timeline of the 9/11 events was read, a joint service color guard lowered the flag until it reached half-mast during the ceremony. A Sailor rang the remembrance bell at each significant event when lives were lost on that horrific day, the deadliest attack on American soil.

Also during the ceremony at Walter Reed Bethesda last week, Brig. Gen. (Dr.) Jeffrey B. Clark, WRNMMC director, Capt. Sarah Martin, WRNMMC chief of staff, Command Master Chief Tyrone Willis, WRNMMC senior enlisted leader, and David Rohrbaugh, civilian representative to the WRNMMC board of directors, dedicated and placed a wreath in front of the base flagpole with a sash bearing the words "Gone But Not Forgotten" in honor of the victims and events of 9/11.

Army Capt. Christine Brandt, an emergency room nurse at WRNMMC, spoke at the observance, reflecting and sharing her story, adding each service member had a similar story to tell.

"On 9/11, I was a stay-at-home mom with a 2-year-old. I was at the gym (and) running on the treadmill. I looked up at the TV and knew something was wrong," she continued. She explained the first plane had hit the World Trade Center in New York, and she watched in horror as the second jet flew into the other twin tower of the center.

"That day, I was inspired to join (the military), and since that day, it's been an honor and privilege to serve every day," Brandt continued.

"I served in Iraq as an emergency room nurse, and I saw the wounded," the Army captain said. "One of my first patients was a West Pointer who came in after being injured by an IED (improvised explosive device), and his only concern was for his driver, a sergeant. He didn't even want anything for his pain because he was so concerned for his fellow Soldier."

"9/11 is our generation's day of infamy, and there have been so many changes that have occurred as a result," Brandt added. "Many of us (in the armed forces) have gone to war and back, some several times, and our families have made sacrifices, but all of us feel honored and privileged to serve. Every service member has a story to tell, (and they) joined (the military) knowing that it wasn't if they were going to war, but when they were going to war. That is a tribute to this generation."

She added since 9/11, more than two million people have served in overseas contingency operations "with poise and professionalism. I've seen that on the line and everywhere I've served."

Brandt said many of the wounded warriors she has cared for "want to get back on the line" and consis-



Photo by Beverli Alford, WRNMMC Strategic Communications

David Rohrbaugh, civilian representative to the WRNMMC board of directors, and a Sailor place a wreath with a sash bearing the words "Gone But Not Forgotten" in front of the base flagpole.

tently ask her, "How can I get back to work?"

"That is inspiring to me," said the nurse. "We pray for their strength and courage, for them and their families," she concluded.

The Sept. 11 attacks on the World Trade Center in New York and at the Pentagon, in addition to the crash of the hijacked United Airlines Flight 93 into a field near Shanksville, Penn., claimed the lives of almost 3,000 people 13 years ago. The White House also remembered those tragedies with a moment of silence, and at the Pentagon, a large American flag was unfurled on the side of the building where a jet was flown into the building killing more than 180 people, many of them service members.

Also at the Pentagon observance, President Barack Obama, the commander in chief, spoke of the 9/11 victims and survivors. He said, "America endures in the strength of your families, who, through your anguish, kept living. You've kept alive a love that no act of terror could ever extinguish."

"Generations from now, Americans will still build towers that reach toward the heavens, still serve in embassies that stand for freedom around the world, still wear the uniform and give meaning to those words written two centuries ago: land of the free, home of the brave," the president said.



Photo by Beverli Alford, WRNMMC Strategic Communications

Staff members pray during a Sept. 11 remembrance ceremony on Naval Support Activity Bethesda for victims and survivors of the tragedies of 9/11.



Photo by Mass Communication Specialist 2nd Class Christopher Krucke

A Sailor rings a memorial bell during a Sept. 11 remembrance ceremony at Walter Reed Bethesda for the victims and survivors of the tragedies of 9/11.



Photo by Mass Communication Specialist 2nd Class Christopher Krucke

Brigadier General (Dr.) Jeffrey B. Clark, WRNMMC director, speaks during a 9/11 remembrance ceremony in front of the medical center's tower on Sept. 11.

RACE

Continued from pg. 1

helped boost morale. He mentioned that the race this year was phenomenal because of the versatility of the participants.

"We had folks that could run the entire thing while some walked the event," Cataldo explained. "Some ran on crutches with one leg or pushed a stroller. There were participants who wore prosthetics or were in a wheelchair and they completed the race. It doesn't matter how you plan on completing the race, whether with a time of 15:20 or 51:20, it is about getting out there."

As participants ran or walked the mapped route, they were delighted to share an event with others on a day that changed our nation's history. Petty Officer 2nd Class Teresa Brim, a patient at Walter Reed National Military Medical Center (WRNMMC), walked the race with her daughter, who was there to show support for her mom. She appreciated the support the command provided not only for her, but for other wounded, ill and injured warriors. Brim said that she always tries to participate in the MWR races.

"It is awesome how they support the wounded, ill and injured warriors," said Brim. "If I was a civilian, I wouldn't get the support that the military gives you. It's awesome. They make sure that we do something all the time. They try to keep our morale up with these events."

Once participants got to the finish line, they were greeted by event staff with bottles of water and hearty congratulations. Full Force and Alia Davis, from the female music group Allure, performed music from the 1980s and 1990s, along with a new inspirational song that came about during member Paul Anthony George's battle with cancer. He is now cancer-free.

"Life is so unexpected," George said to the crowd. "As life goes on, you got to seize the moment because you don't know what tomorrow is going to bring."

The crowd danced and sang along with Full Force and Alia Davis. The entire event provided the morale boost that everyone needed. As Cataldo said, MWR tries to stay creative with various programs to keep people active.

"The Freedom 5K will always be a special run and has a lot of meaning behind it," said Cataldo. "Our plan is to continue this run for years to come. We are also gearing up for our "Think Pink" Breast Cancer Awareness 5K in October."

For more information about MWR Fitness and the "Think Pink" 5K, please contact Jerry Cataldo at (301) 319-3486 or by email at gerald.cataldo@med.navy.mil.

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NSAB Celebrates National Hispanic Heritage Month

By Julie Smith
NSAB Public Affairs
staff writer

The Department of Defense (DOD) has joined the nation in observing National Hispanic Heritage Month from Sept. 15 to Oct. 15 with the theme, "Hispanics: A legacy of history, a present of action and a future of success." National Hispanic Heritage Month recognizes the rich heritage and cultural diversity that Hispanic Americans have contributed to the United States.

The observation started in 1968 as Hispanic Heritage Week under President Lyndon Johnson. The celebration commences on Sept. 15 because five Latin American countries — Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua — declared

their independence from Spanish colonization on Sept. 15, 1821. Mexico and Chile celebrate their independence days on Sept. 16 and Sept. 18, respectively.

"The Department of Defense (DOD) is committed to honoring and recognizing the Hispanic Americans that have and continue to serve in the defense of our country and simultaneously contribute to shaping the culture of the United States," said Clarence A. Johnson, director of the Office of Diversity Management and Equal Opportunity. "During this time, I encourage our DOD personnel to recognize the immeasurable contributions made by the nation's Hispanic Americans and celebrate the diversity of the DOD workforce."

At Naval Support Activity Bethesda, a National

Hispanic Heritage Month celebration is scheduled for Sept. 25 from 11:30 a.m. to 12:30 p.m. in the piano area of Bldg. 19. There will be food and live music from local band Sol Y Rumba, said Bethesda Multicultural Committee President Hospitalman 1st Class Emmanuel Ilfrain.

"It's important to celebrate National Hispanic Heritage Month because we can take time to pause and reflect on each individual ethnic group or background and what they have accomplished, especially in the military services," Ilfrain said. "It's about education. If we get to know each other, we can work better with each other. It's a great way to showcase what Hispanic heritage has to offer. People can learn from that and they'll be more informed."

BONO

Continued from pg. 4

also tasked those within the NCR-MD to recapture patients for the direct care system from purchased care contractors. "I don't think there's anybody who can give the quality of care we do to our military members. Through enhanced

multi-service markets, we can directly impact how DOD health care dollars are spent."

Bono was commissioned in June 1979. She obtained her baccalaureate degree from the University of Texas at Austin and attended medical school at Texas Tech University. She completed a surgical internship and a general surgery residency at Naval Medical Center Ports-

mouth, and a Trauma and Critical Care fellowship at the Eastern Virginia Graduate School of Medicine in Norfolk.

Bono saw duty in Operations Desert Shield and Desert Storm and her assignments include the director of Restorative Care at the former National Naval Medical Center (NNMC) in Bethesda, Md., the medical corps career planning officer for the Chief of the Medical Corps, the executive assistant to the 35th Navy Surgeon General and Chief, Bureau of Medicine and Surgery the chief of staff and deputy director for Tricare Management Activity (TMA) of the Office of the Assistant Secretary of Defense, Health Affairs (OASD(HA)), and deputy director for Medical Resources, Plans and Policy (N093), Chief of Naval Operations.

In addition to being a diplomat of the American Board of Surgery, Bono is a Fellow of the American College of Surgeons and a member of the Eastern Association for the Surgery of Trauma. Her personal decorations include the Defense Superior Service Medal (two awards), Legion of Merit Medal (four awards), Meritorious Service Medal (two awards), and the Navy and Marine Corps Commendation medal (two awards).



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Code Green Exercise Sept. 25 to Test Preparedness

By Sarah Marshall
WRNMMC Public Affairs
staff writer

Did you know a Code Green is activated in the event of a mass casualty?

As part of Walter Reed Bethesda's continued efforts to maintain readiness, the medical center will conduct a Code Green response drill on Sept. 25, explained Chris Gillette, Walter Reed Bethesda's emergency manager. The exercise should not impact patient care and will not disrupt hospital operations, he continued.

"This gives staff, and it gives us (Emergency Management), the opportunity to make sure those designated departments still understand their role, still are receiving emergency notifications and still report (to their designated areas)," Gillette said. Conducting the exercise at an unannounced time also allows a more accurate test of the medical center's emergency response, he added.

Staff and patients will be alerted of the exercise via overhead announcements, emails,



File photo

Evaluators review crisis response plans during a recent emergency exercise at Walter Reed Bethesda. On Sept. 25, a Code Green response drill will take place as part of the hospital's continued efforts to enhance preparedness.

and phone calls. Then, designated departments and clinics will send representatives — one to three people from each pre-designated area — to various mass casualty stations, such as a minor care unit that would be set up at General Surgery. Patients and visitors can also expect to see large groups of individuals, in bright vests and arm bands, briefly gath-

ered at mass casualty stations, Gillette said. They might also see equipment being set up or moved during the exercise.

"We're looking to see that once Code Green has been activated, if departments send the personnel where they're supposed to, in a rapid fashion," Gillette said. They'll also be testing notification systems — such as overhead announce-

ments, emails, and phone calls, he added. "Then, there will be an opportunity for the mass casualty stations to go through their plans, and discuss procedures, how they would disposition patients, set up treatment rooms ... It gives them a chance to rehearse and practice their plans."

The goal is to make sure personnel know their role inside and out, so if an emergency happens five minutes from now, we'd expect the same response, he said.

Staff will also have a chance to review and test out any lessons learned from a Code Green exercise conducted in March, which was on a larger scale, with volunteers acting as casualties dressed in moulage, explained Melissa Knapp, program manager for Emergency Management Plans, Training and Exercises at Walter Reed Bethesda.

"If there was anything they wanted to change, a procedure, a layout (after the March exercise) ... this gives them an opportunity to implement their process improvements," Knapp said.

It's about making sure everyone knows what to do and when, Gillette added. Throughout the year, Emergency Management is committed to maintaining readiness, regularly conducting all-hazards training. Approximately one emergency code drill is conducted per quarter, in addition to two large-scale emergency exercises required each year, per The Joint Commission, which accredits and certifies more than 20,500 health care organizations in the U.S. to ensure safe and effective care across all settings. The next training evolution — a Code Pink exercise — is scheduled in December. Code Pink is activated in the event of a reported missing or abducted infant or child.

Additionally, year-round, the emergency management team offers training to departments upon request if they need a "refresher," Gillette added. For more information about emergency management at WRNMMC, call Chris Gillette at 301-295-3115 or Melissa Knapp at 301-319-4906.

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WRB's Clinical Learning Environment Reviewed

By Bernard S. Little
WRNMMC Public
Affairs staff writer

The Accreditation Council for Graduate Medical Education (ACGME), a national organization which accredits Graduate Medical Education (GME) programs worldwide, conducted its first Clinical Learning Environment Review site visit to the National Capital Consortium (NCC) and Walter Reed National Military Medical Center (WRNMMC) from Sept. 9 through Sept. 11.

“The CLER program is a new addition to the ACGME new accreditation system process designed to provide feedback to major teaching hospitals that train interns, residents and fellows (trainees) in six focus areas: patient safety, health care quality, care transitions, supervision, duty hours and fatigue management



Photo by Bernard Little

From left, Cmdr. (Dr.) Katherine Schexneider, deputy director for Clinical Learning Environment in Education, Training and Research at Walter Reed Bethesda, Victor Mosley, patient safety administrator, Navy Capt. (Dr.) Jerri Curtis, executive director, National Capital Consortium (NCC) and associate dean of Graduate Medical Education (GME) at USU, and Gene Monroe, Walter Reed Bethesda's Joint Commission specialist, discuss the Clinical Learning Environment Review (CLER) program.

and mitigation, and professionalism,” explained Army Col. Michael R. Nelson, director for education, training and research at WRNMMC.

During the ACGME team site visit to

WRNMMC, they held a series of sessions with trainees, program leaders and medical center leadership. The team also visited various departments, clinics and wards at WRNMMC where they

were able to interact with patients and staff, in addition to seeing how the medical center educates its trainees and incorporates them into hospital-level patient safety and quality initiatives, Nelson said.

“This was a great opportunity for WRNMMC to show off its high quality GME programs filled with the Department of Defense’s (DOD) best trainees and led by elite program directors and faculty,” Nelson continued. “This visit provided full confirmation that WRNMMC places a premium on patient safety and quality improvement and that our medical center fully engages our physicians in training who are essential to our success. The visit went very well from my perspective.”

Dr. Mark Bixby and Dr. Robin Dibner, CLER program field representatives for ACGME, commented on the “palpable sense of pride” they found at WRNMMC during their site visit. In addition, they said the nursing staff is “delightful and welcoming,” and they described the GME trainees as “responsive and engaged.” They also took note of the relationship between WRNMMC and the Uniformed Services University of the Health Sciences (USU), which had representatives at WRNMMC during the ACGME site visit.

“Teamwork is one of the unifying principles of CLER,” explained Navy Cmdr. (Dr.) Katherine Schexneider, assistant deputy commander for education, training and research at Walter Reed Bethesda.

“Over the past 18 months, we’ve taken teamwork here to the next level,” Schexneider continued. “Physicians and nurses of all ranks worked together early this year to standardize our patient handoffs, and we now have 89 house staff joining their nurse, allied health and attending physician colleagues on 22 different hospital-wide committees.”

“We must embrace the CLER program requirements,” said Navy Capt. (Dr.) Jerri Curtis, NCC executive director and associate dean of GME at USU. “The underlying principle of the CLER is safe health-care settings are necessary to prepare interns, residents and fellows to be safe health-care practitioners.” “(Walter Reed Bethesda) and all of our GME programs must only assign residents and fellows to learning and working environments that facilitate patient safety and health-care quality,” said Curtis. “We have several initiatives that the GME leadership is actively working on to achieve the goals of (CLER).”

CLER focus areas include:

- Patient safety: providing opportunities for house staff to report errors, unsafe conditions and near misses, as well as participate on WRNMMC’s safety and quality committees;
- Quality improvement: allowing house staff to not only participate on the safety and quality committees, but also allow them to use data to improve systems of care, reduce health care disparities and improve patient outcomes;
- Transitions in care: effective standardization and oversight of the progression of house staff through GME;
- Duty hours: ensuring

fatigue management and mitigation to ensure patient safety;

- Professionalism: ensuring the hospital is fulfilling their educational and professional responsibilities to the house staff;
- Supervision: maintaining and overseeing policies of guidance concordant with ACGME requirements at the institutional and program level.

Army Col. (Dr.) Clifton E. Yu, chief of GME at WRNMMC, agreed the ACGME CLER program site visit was “a great opportunity” for WRNMMC to showcase its medical training. He explained the field representatives were able to see “resident involvement in all facets of patient safety and quality at WRNMMC, as well as (WRNMMC’s) standards and policies for supervision, fatigue mitigation, transitions of care, and how we are investigating and addressing potential disparities in care.

“A major focus of their visit concentrated on interacting with resident physicians, as well as nurses and corpsmen, and the site visitors freely commented on the noticeable sense of pride and professionalism among those they encountered,” Yu added.

Nelson stated, “(The ACGME site visit) was a very positive experience for WRNMMC and the feedback provided (was) thoughtful and thorough.”

“The ACGME CLER team will give us the opportunity to grow even more in the promotion of best practices in patient safety, quality improvement, and disparity of care mitigation at our medical center,” Nelson added. “WRNMMC has reason to be proud. I want to thank everyone for their honest warm and welcoming of the CLER visitors, and for their continued devotion to supporting only the highest quality medical education and patient-centered care,” the colonel said.

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